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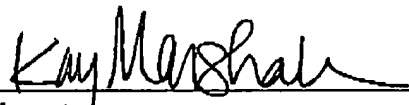
X Kay Marshall

RE: Appln. No. 09/876,577 Filing Date: 6/7/2001 Applicant: Glen J. Anderson

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Request
for
Continued Examination (RCE)
TransmittalAddress to:
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P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/876,577
Filing Date	06/07/2001
First Named Inventor	ANDERSON, Glen J.
Art Unit	3625
Examiner Name	GARG, Yogesh
Attorney Docket Number	P1720US00

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/ Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. **Miscellaneous**

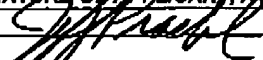
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
- b. ☐ Other _____

3. **Fees**

- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to
- a. ☒ Deposit Account No. 50-0439. I have enclosed a duplicate copy of this sheet.
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- b. ☐ Check in the amount of \$ _____ enclosed
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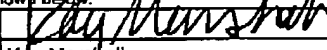
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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Name (Print/Type)	Jeffrey A. Proehl	Registration No.	35,987

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